



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

HB3967

by Rep. Joe Sosnowski

SYNOPSIS AS INTRODUCED:

750 ILCS 50/18.06	
750 ILCS 50/18.1	from Ch. 40, par. 1522.1
750 ILCS 50/18.2	from Ch. 40, par. 1522.2
750 ILCS 50/18.3a	from Ch. 40, par. 1522.3a

Amends the Adoption Act. Defines "birth grandparent" as the biological parent of a non-surrendered person who is a deceased birth parent. Provides that a birth grandparent who has submitted birth certificates for himself or herself and for a deceased birth parent as well as proof of death for the deceased birth parent may file a Registration Identification Form and an Information Exchange Authorization or a Denial of Information Exchange if the birth parent did not file documentation preventing the exchange of information prior to his or her death. Makes corresponding changes.

LRB099 06337 HEP 26407 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning civil law.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Adoption Act is amended by changing Sections
5 18.06, 18.1, 18.2, and 18.3a as follows:

6 (750 ILCS 50/18.06)

7 Sec. 18.06. Definitions. When used in Sections 18.05
8 through Section 18.6, for the purposes of the Registry:

9 "Adopted person" means a person who was adopted pursuant to
10 the laws in effect at the time of the adoption.

11 "Adoptive parent" means a person who has become a parent
12 through the legal process of adoption.

13 "Adult child" means the biological child 21 years of age or
14 over of a deceased adopted or surrendered person.

15 "Adult grandchild" means the biological grandchild 21
16 years of age or over of a deceased adopted or surrendered
17 person.

18 "Adult adopted or surrendered person" means an adopted or
19 surrendered person 21 years of age or over.

20 "Agency" means a public child welfare agency or a licensed
21 child welfare agency.

22 "Birth aunt" means the adult full or half sister of a
23 deceased birth parent.

1 "Birth father" means the biological father of an adopted or
2 surrendered person who is named on the original certificate of
3 live birth or on a consent or surrender document, or a
4 biological father whose paternity has been established by a
5 judgment or order of the court, pursuant to the Illinois
6 Parentage Act of 1984.

7 "Birth grandparent" means the biological parent of: (i) a
8 non-surrendered person who is a deceased birth mother; or (ii)
9 a non-surrendered person who is a deceased birth father.

10 "Birth mother" means the biological mother of an adopted or
11 surrendered person.

12 "Birth parent" means a birth mother or birth father of an
13 adopted or surrendered person.

14 "Birth Parent Preference Form" means the form prepared by
15 the Department of Public Health pursuant to Section 18.2
16 completed by a birth parent registrant and filed with the
17 Registry that indicates the birth parent's preferences
18 regarding contact and, if applicable, the release of his or her
19 identifying information on the non-certified copy of the
20 original birth certificate released to an adult adopted or
21 surrendered person or to the surviving adult child or surviving
22 spouse of a deceased adopted or surrendered person who has
23 filed a Request for a Non-Certified Copy of an Original Birth
24 Certificate.

25 "Birth relative" means a birth mother, birth father, birth
26 grandparent, birth sibling, birth aunt, or birth uncle.

1 "Birth sibling" means the adult full or half sibling of an
2 adopted or surrendered person.

3 "Birth uncle" means the adult full or half brother of a
4 deceased birth parent.

5 "Confidential intermediary" means an individual certified
6 by the Department of Children and Family Services pursuant to
7 Section 18.3a(e).

8 "Denial of Information Exchange" means an affidavit
9 completed by a registrant with the Illinois Adoption Registry
10 and Medical Information Exchange denying the release of
11 identifying information which has been filed with the Registry.

12 "Information Exchange Authorization" means an affidavit
13 completed by a registrant with the Illinois Adoption Registry
14 and Medical Information Exchange authorizing the release of
15 identifying information which has been filed with the Registry.

16 "Medical Information Exchange Questionnaire" means the
17 medical history questionnaire completed by a registrant of the
18 Illinois Adoption Registry and Medical Information Exchange.

19 "Non-certified Copy of the Original Birth Certificate"
20 means a non-certified copy of the original certificate of live
21 birth of an adult adopted or surrendered person who was born in
22 Illinois.

23 "Proof of death" means a death certificate.

24 "Registrant" or "Registered Party" means a birth parent,
25 birth grandparent, birth sibling, birth aunt, birth uncle,
26 adopted or surrendered person 21 years of age or over, adoptive

1 parent or legal guardian of an adopted or surrendered person
2 under the age of 21, or adoptive parent, surviving spouse, or
3 adult child of a deceased adopted or surrendered person who has
4 filed an Illinois Adoption Registry Application or
5 Registration Identification Form with the Registry.

6 "Registry" means the Illinois Adoption Registry and
7 Medical Information Exchange.

8 "Request for a Non-Certified Copy of an Original Birth
9 Certificate" means an affidavit completed by an adult adopted
10 or surrendered person or by the surviving adult child or
11 surviving spouse of a deceased adopted or surrendered person
12 and filed with the Registry requesting a non-certified copy of
13 an adult adopted or surrendered person's original certificate
14 of live birth in Illinois.

15 "Surrendered person" means a person whose parents' rights
16 have been surrendered or terminated but who has not been
17 adopted.

18 "Surviving spouse" means the wife or husband, 21 years of
19 age or older, of a deceased adopted or surrendered person who
20 would be 21 years of age or older if still alive and who has one
21 or more surviving biological children who are under the age of
22 21.

23 "18.3 statement" means a statement regarding the
24 disclosure of identifying information signed by a birth parent
25 under Section 18.3 of this Act as it existed immediately prior
26 to the effective date of this amendatory Act of the 96th

1 General Assembly.

2 (Source: P.A. 97-110, eff. 7-14-11; 98-704, eff. 1-1-15.)

3 (750 ILCS 50/18.1) (from Ch. 40, par. 1522.1)

4 Sec. 18.1. Disclosure of identifying information.

5 (a) The Department of Public Health shall establish and
6 maintain a Registry for the purpose of allowing mutually
7 consenting members of birth and adoptive families to exchange
8 identifying and medical information. Identifying information
9 for the purpose of this Act shall mean any one or more of the
10 following:

11 (1) The name and last known address of the consenting
12 person or persons.

13 (2) A copy of the Illinois Adoption Registry
14 Application of the consenting person or persons.

15 (3) A non-certified copy of the original birth
16 certificate of an adult adopted or surrendered person.

17 (b) Written authorization from all parties identified must
18 be received prior to disclosure of any identifying information,
19 with the exception of non-certified copies of original birth
20 certificates released to adult adopted or surrendered persons
21 or to surviving adult children and surviving spouses of
22 deceased adopted or surrendered persons pursuant to the
23 procedures outlined in Section 18.1b(e).

24 (c) At any time after a child is surrendered for adoption,
25 or at any time during the adoption proceedings or at any time

1 thereafter, either birth parent or both of them may file with
2 the Registry a Birth Parent Registration Identification Form.

3 (d) A birth sibling 21 years of age or over who was not
4 surrendered for adoption and who has submitted a copy of his or
5 her birth certificate as well as proof of death for a deceased
6 birth parent and such birth parent did not file a Denial of
7 Information Exchange or a Birth Parent Preference Form on which
8 Option E was selected with the Registry prior to his or her
9 death may file a Registration Identification Form and an
10 Information Exchange Authorization or a Denial of Information
11 Exchange.

12 (e) A birth aunt or birth uncle who has submitted birth
13 certificates for himself or herself and for a deceased birth
14 parent naming at least one common biological parent as well as
15 proof of death for the deceased birth parent and such birth
16 parent did not file a Denial of Information Exchange or a Birth
17 Parent Preference Form on which Option E was selected with the
18 Registry prior to his or her death may file a Registration
19 Identification Form and an Information Exchange Authorization
20 or a Denial of Information Exchange.

21 (e-5) A birth grandparent who has submitted birth
22 certificates for himself or herself and for a deceased birth
23 parent as well as proof of death for the deceased birth parent
24 and the birth parent did not file a Denial of Information
25 Exchange or a Birth Parent Preference Form on which Option E
26 was selected with the Registry prior to his or her death may

1 file a Registration Identification Form and an Information
2 Exchange Authorization or a Denial of Information Exchange.

3 (f) Any adopted person 21 years of age or over, any
4 surrendered person 21 years of age or over, or any adoptive
5 parent or legal guardian of an adopted or surrendered person
6 under the age of 21 may file with the Registry a Registration
7 Identification Form and an Information Exchange Authorization
8 or a Denial of Information Exchange.

9 (g) Any adult child or adult grandchild 21 years of age or
10 over of a deceased adopted or surrendered person who has
11 submitted a copy of his or her birth certificate naming an
12 adopted or surrendered person as his or her biological parent
13 as well as proof of death for the deceased adopted or
14 surrendered person and such adopted or surrendered person did
15 not file a Denial of Information Exchange with the Registry
16 prior to his or her death may file a Registration
17 Identification Form and an Information Exchange Authorization
18 or a Denial of Information Exchange.

19 (h) Any surviving spouse of a deceased adopted or
20 surrendered person 21 years of age or over who has submitted
21 proof of death for the deceased adopted or surrendered person
22 and such adopted or surrendered person did not file a Denial of
23 Information Exchange with the Registry prior to his or her
24 death as well as a birth certificate naming themselves and the
25 adopted or surrendered person as the parents of a minor child
26 under the age of 21 may file a Registration Identification Form

1 and an Information Exchange Authorization or a Denial of
2 Information Exchange.

3 (i) Any adoptive parent or legal guardian of a deceased
4 adopted or surrendered person who is 21 years of age or over
5 who has submitted proof of death as well as proof of parentage
6 or guardianship for the deceased adopted or surrendered person
7 and such adopted or surrendered person did not file a Denial of
8 Information Exchange with the Registry prior to his or her
9 death may file a Registration Identification Form and an
10 Information Exchange Authorization or a Denial of Information
11 Exchange.

12 (j) The Department of Public Health shall supply to the
13 adopted or surrendered person or his or her adoptive parents,
14 legal guardians, adult children, adult grandchildren, or
15 surviving spouse, and to the birth parents identifying
16 information only if both the adopted or surrendered person, or
17 one of his or her adoptive parents, legal guardians, adult
18 children, adult grandchildren, or his or her surviving spouse,
19 and the birth parents have filed with the Registry an
20 Information Exchange Authorization or a Birth Parent
21 Preference Form on which Option A, B, or C was selected and the
22 information at the Registry indicates that the consenting
23 adopted or surrendered person, the child of the consenting
24 adoptive parents or legal guardians, the parent of the
25 consenting adult child of the adopted or surrendered person, or
26 the deceased wife or husband of the consenting surviving spouse

1 is the child of the consenting birth parents, except
2 identifying information that appears on a non-certified copy of
3 an original birth certificate may be provided to an adult
4 adopted or surrendered person or to the surviving adult child,
5 adult grandchild, or surviving spouse of a deceased adopted or
6 surrendered person pursuant to the procedures outlined in
7 Section 18.1b(e) of this Act.

8 The Department of Public Health shall supply to adopted or
9 surrendered persons who are birth siblings identifying
10 information only if both siblings have filed with the Registry
11 an Information Exchange Authorization and the information at
12 the Registry indicates that the consenting siblings have one or
13 both birth parents in common. Identifying information shall be
14 supplied to consenting birth siblings who were adopted or
15 surrendered if any such sibling is 21 years of age or over.
16 Identifying information shall be supplied to consenting birth
17 siblings who were not adopted or surrendered if any such
18 sibling is 21 years of age or over and has proof of death of the
19 common birth parent and such birth parent did not file a Denial
20 of Information Exchange or a Birth Parent Preference Form on
21 which Option E was selected with the Registry prior to his or
22 her death.

23 (k) The Department of Public Health shall supply to the
24 adopted or surrendered person or his or her adoptive parents,
25 legal guardians, adult children, adult grandchildren, or
26 surviving spouse, and to a birth aunt identifying information

1 only if both the adopted or surrendered person or one of his or
2 her adoptive parents, legal guardians, adult children, adult
3 grandchildren, or his or her surviving spouse, and the birth
4 aunt have filed with the Registry an Information Exchange
5 Authorization and the information at the Registry indicates
6 that the consenting adopted or surrendered person, or the child
7 of the consenting adoptive parents or legal guardians, or the
8 parent of the consenting adult child, or the deceased wife or
9 husband of the consenting surviving spouse of the adopted or
10 surrendered person is or was the child of the brother or sister
11 of the consenting birth aunt.

12 (1) The Department of Public Health shall supply to the
13 adopted or surrendered person or his or her adoptive parents,
14 legal guardians, adult children, adult grandchildren, or
15 surviving spouse, and to a birth uncle identifying information
16 only if both the adopted or surrendered person or one of his or
17 her adoptive parents, legal guardians, adult children, adult
18 grandchildren, or his or her surviving spouse, and the birth
19 uncle have filed with the Registry an Information Exchange
20 Authorization and the information at the Registry indicates
21 that the consenting adopted or surrendered person, or the child
22 of the consenting adoptive parents or legal guardians, or the
23 parent of the consenting adult child, or the deceased wife or
24 husband of the consenting surviving spouse of the adopted or
25 surrendered person is or was the child of the brother or sister
26 of the consenting birth uncle.

1 (m) A registrant may notify the Registry of his or her
2 desire not to have identifying information revealed or may
3 revoke any previously filed Information Exchange Authorization
4 by completing and filing with the Registry a Registry
5 Identification Form along with a Denial of Information Exchange
6 or, if applicable, a Birth Parent Preference Form. Any
7 registrant, except a birth parent, may revoke his or her Denial
8 of Information Exchange by filing an Information Exchange
9 Authorization. A birth parent may revoke a Denial of
10 Information Exchange by filing a Birth Parent Preference Form.
11 Any birth parent who has previously filed a Birth Parent
12 Preference Form where Option E was selected may revoke such
13 preference by filing a subsequent Birth Parent Preference Form
14 and selecting Option A, B, C, or D. The Department of Public
15 Health shall act in accordance with the most recently filed
16 affidavit.

17 (n) Identifying information ascertained from the Registry
18 shall be confidential and may be disclosed only (1) upon a
19 Court Order, which order shall name the person or persons
20 entitled to the information, or (2) to a registrant who is the
21 subject of an Information Exchange Authorization or, if
22 applicable, a Birth Parent Preference Form that was completed
23 by another registrant and filed with the Illinois Adoption
24 Registry and Medical Information Exchange, or (3) as authorized
25 under subsection (h) of Section 18.3 of this Act, or (4)
26 pursuant to the procedures outlined in Section 18.1b(e) of this

1 Act. Any person who willfully provides unauthorized disclosure
2 of any information filed with the Registry or who knowingly or
3 intentionally files false information with the Registry shall
4 be guilty of a Class A misdemeanor and shall be liable for
5 damages.

6 (o) If information is disclosed pursuant to this Act, the
7 Department shall redact it to remove any identifying
8 information about any party who has not consented to the
9 disclosure of such identifying information, or, in the case of
10 identifying information on the original birth certificate,
11 pursuant to Section 18.1b(e) of this Act.

12 (Source: P.A. 97-110, eff. 7-14-11; 98-704, eff. 1-1-15.)

13 (750 ILCS 50/18.2) (from Ch. 40, par. 1522.2)

14 Sec. 18.2. Forms.

15 (a) The Department shall develop the Illinois Adoption
16 Registry forms as provided in this Section. The General
17 Assembly shall reexamine the content of the form as requested
18 by the Department, in consultation with the Registry Advisory
19 Council. The form of the Birth Parent Registration
20 Identification Form shall be substantially as follows:

21 BIRTH PARENT REGISTRATION IDENTIFICATION

22 (Insert all known information)

23 I,, state that I am the (mother or father) of the
24 following child:

25 Child's original name: (first) (middle)

1 (last), (hour of birth), (date of birth),
2 (city and state of birth), (name of
3 hospital).

4 Father's full name: (first) (middle)
5 (last), (date of birth), (city and state of
6 birth).

7 Name of mother inserted on birth certificate: (first)
8 (middle) (last), (race), (date
9 of birth), (city and state of birth).

10 That I surrendered my child to: (name of agency),
11 (city and state of agency), (approximate date
12 child surrendered).

13 That I placed my child by private adoption: (date),
14 (city and state).

15 Name of adoptive parents, if known:

16 Other identifying information:

17

18 (Signature of parent)

19

20 (date) (printed name of parent)

21 (b) The form of the Adopted Person Registration
22 Identification shall be substantially as follows:

23 ADOPTED PERSON
24 REGISTRATION IDENTIFICATION
25 (Insert all known information)

1 I,, state the following:

2 Adopted Person's present name: (first)
3 (middle) (last).

4 Adopted Person's name at birth (if known): (first)
5 (middle) (last), (birth date),
6 (city and state of birth), (sex), (race).

7 Name of adoptive father: (first) (middle)
8 (last), (race).

9 Maiden name of adoptive mother: (first)
10 (middle) (last), (race).

11 Name of birth mother (if known): (first)
12 (middle) (last), (race).

13 Name of birth father (if known): (first)
14 (middle) (last), (race).

15 Name(s) at birth of sibling(s) having a common birth parent
16 with adoptee (if known): (first) (middle)
17 (last), (race), and name of common birth
18 parent: (first) (middle) (last),
19 (race).

20 I was adopted through: (name of agency).

21 I was adopted privately: (state "yes" if known).

22 I was adopted in (city and state), (approximate
23 date).

24 Other identifying information:

25

26 (signature of adoptee)

1
 2 (date) (printed name of adoptee)

3 (c) The form of the Surrendered Person Registration
 4 Identification shall be substantially as follows:

5 SURRENDERED PERSON REGISTRATION
 6 IDENTIFICATION

7 (Insert all known information)

8 I,, state the following:

9 Surrendered Person's present name: (first)
 10 (middle) (last).

11 Surrendered Person's name at birth (if known):
 12 (first) (middle) (last),(birth
 13 date), (city and state of birth), (sex),
 14 (race).

15 Name of guardian father: (first) (middle)
 16 (last), (race).

17 Maiden name of guardian mother: (first)
 18 (middle) (last), (race).

19 Name of birth mother (if known): (first)
 20 (middle) (last) (race).

21 Name of birth father (if known): (first)
 22 (middle) (last),(race).

23 Name(s) at birth of sibling(s) having a common birth parent
 24 with surrendered person (if known): (first)
 25 (middle) (last), (race), and name of

1 common birth parent: (first) (middle)
2 (last), (race).

3 I was surrendered for adoption to: (name of agency).

4 I was surrendered for adoption in (city and state),
5 (approximate date).

6 Other identifying information:
7
8 (signature of surrendered person)

9
10 (date) (printed name of person
11 surrendered for adoption)

12 (c-3) The form of the Registration Identification Form for
13 Surviving Relatives of Deceased Birth Parents shall be
14 substantially as follows:

15 REGISTRATION IDENTIFICATION FORM
16 FOR SURVIVING RELATIVES OF DECEASED BIRTH PARENTS
17 (Insert all known information)

18 I,, state the following:

19 Name of deceased birth parent at time of surrender:

20 Deceased birth parent's date of birth:

21 Deceased birth parent's date of death:

22 Adopted or surrendered person's name at birth (if known):
23(first) (middle) (last),(birth
24 date), (city and state of birth), (sex),
25 (race).

1 My relationship to the adopted or surrendered person (check
2 one): (birth parent's non-surrendered child) (birth parent's
3 parent) (birth parent's sister) (birth parent's brother).

4 If you are a non-surrendered child of the birth parent, provide
5 name(s) at birth and age(s) of non-surrendered siblings having
6 a common parent with the birth parent. If more than one
7 sibling, please give information requested below on reverse
8 side of this form. If you are a sibling or parent of the birth
9 parent, provide name(s) at birth and age(s) of the sibling(s)
10 of the birth parent. If more than one sibling, please give
11 information requested below on reverse side of this form.

12 Name (First) (middle) (last),(birth
13 date), (city and state of birth), (sex),
14 (race).

15 Name(s) of common parent(s) (first) (middle)
16 (last),(race), (first) (middle)
17 (last),(race).

18 My birth sibling/child of my brother/child of my sister/ was
19 surrendered for adoption to (name of agency) City and
20 state of agency Date(approximate) Other
21 identifying information (Please note that you must: (i)
22 be at least 21 years of age to register; (ii) submit with your
23 registration a certified copy of the birth parent's birth
24 certificate; (iii) submit a certified copy of the birth
25 parent's death certificate; and (iv) if you are a

1 non-surrendered birth sibling or a sibling of the deceased
 2 birth parent, also submit a certified copy of your birth
 3 certificate with this registration. No application from a
 4 surviving relative of a deceased birth parent can be accepted
 5 if the birth parent filed a Denial of Information Exchange
 6 prior to his or her death.)

7
 8 (signature of birth parent's surviving relative)

9
 10 (date) (printed name of birth
 11 parent's surviving relative)

12 (c-5) The form of the Registration Identification Form for
 13 Surviving Relatives of Deceased Adopted or Surrendered Persons
 14 shall be substantially as follows:

15 REGISTRATION IDENTIFICATION FORM FOR
 16 SURVIVING RELATIVES OF DECEASED ADOPTED OR SURRENDERED PERSONS
 17 (Insert all known information)

18 I,, state the following:

19 Adopted or surrendered person's name at birth (if known):
 20 (first) (middle) (last),(birth
 21 date), (city and state of birth), (sex),
 22 (race).

23 Adopted or surrendered person's date of death:

24 My relationship to the deceased adopted or surrendered

1 person(check one): (adoptive mother) (adoptive father) (adult
2 child) (surviving spouse).

3 If you are an adult child or surviving spouse of the adopted or
4 surrendered person, provide name(s) at birth and age(s) of the
5 children of the adopted or surrendered person. If the adopted
6 or surrendered person had more than one child, please give
7 information requested below on reverse side of this form.

8 Name (first) (middle) (last),(birth
9 date), (city and state of birth), (sex),
10 (race).

11 Name(s) of common parent(s) (first) (middle)
12 (last),(race), (first) (middle)
13 (last),(race).

14 My child/parent/deceased spouse was surrendered for
15 adoption to(name of agency) City and state of agency
16 Date (approximate) Other identifying
17 information (Please note that you must: (i) be at
18 least 21 years of age to register; (ii) submit with your
19 registration a certified copy of the adopted or surrendered
20 person's death certificate; (iii) if you are the child of a
21 deceased adopted or surrendered person, also submit a
22 certified copy of your birth certificate with this
23 registration; and (iv) if you are the surviving wife or
24 husband of a deceased adopted or surrendered person, also
25 submit a copy of your marriage certificate with this
26 registration. No application from a surviving relative of a

1 substantially as follows:

2 DENIAL OF INFORMATION EXCHANGE

3 I,, state that I am the person who completed the
4 Registration Identification; that I am of the age of
5 years; that I hereby instruct the Department of Public Health
6 not to give any identifying information about me to the
7 following person(s) (birth mother) (birth father) (birth
8 sibling) (adopted or surrendered person) (adoptive mother)
9 (adoptive father) (legal guardian of an adopted or surrendered
10 person) (birth grandparent) (birth aunt) (birth uncle) (adult
11 child of a deceased adopted or surrendered person) (surviving
12 spouse of a deceased adopted or surrendered person) (all
13 eligible relatives).

14 I do/do not (circle appropriate response) authorize the
15 Registry to release a copy of my completed Medical Information
16 Exchange Questionnaire to qualified Registry applicants. NOTE:
17 New IARMIE registrants who do not complete a Medical
18 Information Exchange Questionnaire and release a copy of their
19 questionnaire to at least one Registry applicant must pay a \$15
20 registration fee. Birth parents filing a Denial of Information
21 Exchange are advised that, under Illinois law, an adult adopted
22 person may initiate a search for a birth parent who has filed a
23 Denial of Information Exchange or Birth Parent Preference Form
24 on which Option E was selected through the State confidential
25 intermediary program once 5 years have elapsed since the filing
26 of the Denial of Information Exchange or Birth Parent

1 Preference Form.

2 Dated (insert date).

3

4 (signature)

5 (f) The form of the Birth Parent Preference Form shall be
6 substantially as follows:

7 In recognition of the basic right of all persons to access
8 their birth records, Illinois law now provides for the release
9 of original birth certificates to adopted and surrendered
10 persons 21 years of age or older upon request. While many birth
11 parents are comfortable sharing their identities or initiating
12 contact with their birth sons and daughters once they have
13 reached adulthood, Illinois law also recognizes that there may
14 be unique situations where a birth parent might have a
15 compelling reason for not wishing to establish contact with a
16 birth son or birth daughter or for not wishing to release
17 identifying information that appears on the original birth
18 certificate of a birth son or birth daughter who has reached
19 adulthood. The Illinois Adoption Registry and Medical
20 Information Exchange (IARMIE) has therefore established the
21 attached form to allow birth parents to express their
22 preferences regarding contact; and, if their birth child was
23 born on or after January 1, 1946, to express their wishes
24 regarding the sharing of identifying information listed on the
25 original birth certificate with an adult adopted or surrendered

1 person who has reached the age of 21 or his or her surviving
2 relatives.

3 In selecting one of the 5 options below, birth parents
4 should keep in mind that the decision to deny an adult adopted
5 or surrendered person access to identifying information on his
6 or her original birth record and/or information about
7 genetically-transmitted diseases is an important decision that
8 may impact the adopted or surrendered person's life in many
9 ways. A request for anonymity on this form only pertains to
10 information that is provided to an adult adopted or surrendered
11 person or his or her surviving relatives through the Registry.
12 This will not prevent the disclosure of identifying information
13 that may be available to the adoptee through his or her
14 adoptive parents and/or other means available to him or her.
15 Birth parents who would prefer not to be contacted by their
16 surrendered son or daughter are strongly urged to complete both
17 the Non-Identifying Information Section included on the final
18 page of the attached form and the Medical Questionnaire in
19 order to provide their surrendered son or daughter with the
20 background information he or she may need to better understand
21 his or her origins. Birth parents whose birth son or birth
22 daughter is under 21 years of age at the time of the completion
23 of this form are reminded that no original birth certificate
24 will be released by the IARMIE before an adoptee has reached
25 the age of 21. Should you need additional assistance in
26 completing this form, please contact the agency that handled

1 the adoption, if applicable, or the Illinois Adoption Registry
2 and Medical Information Exchange at 877-323-5299.

3 After careful consideration, I have made the following
4 decision regarding contact with my birth son/birth daughter,
5 (insert birth son's/birth daughter's name at birth, if
6 applicable), who was born in (insert city/town of birth)
7 on (insert date of birth)..... and the release of my
8 identifying information as it appears on his/her original birth
9 certificate when he/she reaches the age of 21, and I have
10 chosen Option (insert A, B, C, D, or E, as applicable).
11 I realize that this form must be accompanied by a completed
12 IARMIE application form as well as a Medical Information
13 Exchange Questionnaire or the \$15 registration fee. I am also
14 aware that I may revoke this decision at any time by completing
15 a new Birth Parent Preference Form and filing it with the
16 IARMIE. I understand that it is my responsibility to update the
17 IARMIE with any changes to contact information provided below.
18 I also understand that, while preferences regarding the release
19 of identifying information through the Registry are binding
20 unless the law should change in the future, any selection I
21 have made regarding my preferred method of contact is not.

22

23 (Signature/Date)

24 (Please insert your signature and today's date above, as well
25 as under your chosen option, A, B, C, D, or E below.)

1 Option A. My birth son or birth daughter was born on or after
 2 January 1, 1946, and I agree to the release of my identifying
 3 information as it appears on my birth son's/birth daughter's
 4 original birth certificate, OR my birth son or birth daughter
 5 was born prior to January 1, 1946. I would welcome direct
 6 contact with my birth son/birth daughter when he or she has
 7 reached the age of 21. In addition, before my birth son or
 8 birth daughter has reached the age of 21 or in the event of his
 9 or her death, I would welcome contact with the following
 10 relatives of my birth child (circle all that apply): adoptive
 11 mother, adoptive father, surviving spouse, surviving adult
 12 child. I wish to be contacted at the following mailing address,
 13 email address or phone number:

14
 15
 16
 17

18 (Signature/Date)

19 Option B. My birth son or birth daughter was born on or after
 20 January 1, 1946, and I agree to the release of my identifying
 21 information as it appears on my birth son's/birth daughter's
 22 original birth certificate, OR my birth son or birth daughter
 23 was born prior to January 1, 1946. I would welcome contact with
 24 my birth son/birth daughter when he or she has reached the age

1 of 21. In addition, before my birth son or birth daughter has
 2 reached the age of 21 or in the event of his or her death, I
 3 would welcome contact with the following relatives of my birth
 4 child (circle all that apply): adoptive mother, adoptive
 5 father, surviving spouse, surviving adult child. I would prefer
 6 to be contacted through the following person. (Insert name and
 7 mailing address, email address or phone number of chosen
 8 contact person.)

9
 10

11 (Signature/Date)

12 Option C. My birth son or birth daughter was born on or after
 13 January 1, 1946, and I agree to the release of my identifying
 14 information as it appears on my birth son's/birth daughter's
 15 original birth certificate, OR my birth son or birth daughter
 16 was born prior to January 1, 1946. I would welcome contact with
 17 my birth son/birth daughter when he or she has reached the age
 18 of 21. In addition, before my birth son or birth daughter has
 19 reached the age of 21 or in the event of his or her death, I
 20 would welcome contact with the following relatives of my birth
 21 child (circle all that apply): adoptive mother, adoptive
 22 father, surviving spouse, surviving adult child. I would prefer
 23 to be contacted through the Illinois Confidential Intermediary
 24 Program (please call 800-526-9022 for additional information)
 25 or through the agency that handled the adoption. (Insert agency

1 name, address and phone number, if applicable.)

2

3

4 (Signature/Date)

5 Option D. My birth son or birth daughter was born on or after
6 January 1, 1946, and I agree to the release of my identifying
7 information as it appears on my birth son's/birth daughter's
8 original birth certificate when he or she has reached the age
9 of 21, OR my birth son or birth daughter was born prior to
10 January 1, 1946. I would prefer not to be contacted by my birth
11 son/birth daughter or his or her adoptive parents or surviving
12 relatives.

13

14 (Signature/Date)

15 Option E. My birth son or birth daughter was born on or after
16 January 1, 1946, and I wish to prohibit the release of my
17 (circle ALL applicable options) first name, last name, last
18 known address, birth son/birth daughter's last name (if last
19 name listed is same as mine), as they appear on my birth
20 son's/birth daughter's original birth certificate and do not
21 wish to be contacted by my birth son/birth daughter when he or
22 she has reached the age of 21. If there were any special
23 circumstances that played a role in your decision to remain
24 anonymous which you would like to share with your birth

1 son/birth daughter, please list them in the space provided
2 below (optional).

3

4

5 I understand that, although I have chosen to prohibit the
6 release of my identity on the non-certified copy of the
7 original birth certificate released to my birth son/birth
8 daughter, he or she may request that a court-appointed
9 confidential intermediary contact me to request updated
10 medical information and/or confirm my desire to remain
11 anonymous once 5 years have elapsed since the signing of this
12 form; at the time of this subsequent search, I wish to be
13 contacted through the person named below. (Insert in blank area
14 below the name and phone number of the contact person, or leave
15 it blank if you wish to be contacted directly.) I also
16 understand that this request for anonymity shall expire upon my
17 death.

18

19

20 (Signature/Date)

21 NOTE: A copy of this form will be forwarded to your birth son
22 or birth daughter should he or she file a request for his or
23 her original birth certificate with the IARMIE. However, if you
24 have selected Option E, identifying information, per your
25 specifications above, will be deleted from the copy of this

1 form forwarded to your birth son or daughter during your
 2 lifetime. In the event that an adopted or surrendered person is
 3 deceased, his or her surviving adult children may request a
 4 copy of the adopted or surrendered person's original birth
 5 certificate providing they have registered with the IARMIE; the
 6 copy of this form and the non-certified copy of the original
 7 birth certificate forwarded to the surviving child of the
 8 adopted or surrendered person shall be redacted per your
 9 specifications on this form during your lifetime.

10 Non-Identifying Information Section

11 I wish to voluntarily provide the following non-identifying
 12 information to my birth son or birth daughter:

13 My age at the time of my child's birth was

14 My race is best described as:

15 My height is:

16 My body type is best described as (circle one): slim, average,
 17 muscular, a few extra pounds, or more than a few extra pounds.

18 My natural hair color is/was:

19 My eye color is:

20 My religion is best described as:

21 My ethnic background is best described as:

22 My educational level is closest to (circle applicable
 23 response): completed elementary school, graduated from
 24 high school, attended college, earned bachelor's degree,
 25 earned master's degree, earned doctoral degree.

26 My occupation is best described as

1 My hobbies include

2 My interests include

3 My talents include

4 In addition to my surrendered son or daughter, I also
5 am the biological parent of (insert number) boys and
6 (insert number) girls, of whom (insert number)
7 are still living.

8 The relationship between me and my child's birth mother/birth
9 father would best be described as (circle appropriate
10 response): husband and wife, ex-spouses, boyfriend and
11 girlfriend, casual acquaintances, other (please specify)
12

13 (g) The form of the Request for a Non-Certified Copy of an
14 Original Birth Certificate shall be substantially as follows:

15 REQUEST FOR A NON-CERTIFIED COPY OF AN ORIGINAL BIRTH
16 CERTIFICATE

17 I, (requesting party's full name), hereby request a
18 non-certified copy of (check appropriate option) my
19 original birth certificate the original birth
20 certificate of my deceased adopted or surrendered parent
21 the original birth certificate of my deceased adopted or
22 surrendered spouse (insert deceased parent's/deceased spouse's
23 name at adoption) I/my deceased parent/my deceased
24 spouse was born in (insert city and county of adopted or
25 surrendered person's birth) on (insert adopted or
26 surrendered person's date of birth). In the event that one or

1 both of my/my deceased parent's/my deceased spouse's birth
 2 parents has requested that their identity not be released to
 3 me/to my deceased parent/to my deceased spouse, I wish to
 4 (check appropriate option) a. receive a non-certified
 5 copy of the original birth certificate from which identifying
 6 information pertaining to the birth parent who requested
 7 anonymity has been deleted; or b. I do not wish to
 8 receive ~~received~~ an altered copy of the original birth
 9 certificate.

10 Dated (insert date).

11

12 (signature)

13 (h) Any Information Exchange Authorization, Denial of
 14 Information Exchange, or Birth Parent Preference Form filed
 15 with the Registry, or Request for a Non-Certified Copy of an
 16 Original Birth Certificate filed with the Registry by a
 17 surviving adult child or surviving spouse of a deceased adopted
 18 or surrendered person, shall be acknowledged by the person who
 19 filed it before a notary public, in form substantially as
 20 follows:

21 State of

22 County of

23 I, a Notary Public, in and for the said County, in the
 24 State aforesaid, do hereby certify that
 25 personally known to me to be the same person whose name is

1 subscribed to the foregoing certificate of acknowledgement,
 2 appeared before me in person and acknowledged that (he or she)
 3 signed such certificate as (his or her) free and voluntary act
 4 and that the statements in such certificate are true.

5 Given under my hand and notarial seal on (insert date).

6
 7 (signature)

8 (i) When the execution of an Information Exchange
 9 Authorization, Denial of Information Exchange, or Birth Parent
 10 Preference Form or Request for a Non-Certified Copy of an
 11 Original Birth Certificate completed by a surviving adult child
 12 or surviving spouse of a deceased adopted or surrendered person
 13 is acknowledged before a representative of an agency, such
 14 representative shall have his signature on said Certificate
 15 acknowledged before a notary public, in form substantially as
 16 follows:

17 State of.....

18 County of.....

19 I, a Notary Public, in and for the said County, in the
 20 State aforesaid, do hereby certify that personally known
 21 to me to be the same person whose name is subscribed to the
 22 foregoing certificate of acknowledgement, appeared before me
 23 in person and acknowledged that (he or she) signed such
 24 certificate as (his or her) free and voluntary act and that the
 25 statements in such certificate are true.

1 an adult adopted person who completes a Request For a
2 Non-Certified Copy of the Original Birth Certificate shall meet
3 the same filing requirements and pay the same filing fees as a
4 non-adopted person seeking to obtain a copy of his or her
5 original birth certificate.

6 (m) Beginning on January 1, 2015, any birth parent of an
7 adult adopted person named on the original birth certificate
8 may request a non-certified copy of the original birth
9 certificate reflecting the birth of the adult adopted person,
10 provided that:

11 (1) any non-certified copy of the original birth
12 certificate released under this subsection (m) shall not
13 reflect the State file number on the original birth
14 certificate; and

15 (2) if the Department of Public Health does not locate
16 the original birth certificate, it shall issue a
17 certification of no record found.

18 (Source: P.A. 97-110, eff. 7-14-11; 98-704, eff. 1-1-15;
19 revised 12-10-14.)

20 (750 ILCS 50/18.3a) (from Ch. 40, par. 1522.3a)

21 Sec. 18.3a. Confidential intermediary.

22 (a) General purposes. Notwithstanding any other provision
23 of this Act,

24 (1) any adopted or surrendered person 21 years of age
25 or over; or

1 (2) any adoptive parent or legal guardian of an adopted
2 or surrendered person under the age of 21; or

3 (3) any birth parent of an adopted or surrendered
4 person who is 21 years of age or over; or

5 (4) any adult child or adult grandchild of a deceased
6 adopted or surrendered person; or

7 (5) any adoptive parent or surviving spouse of a
8 deceased adopted or surrendered person; or

9 (6) any adult birth sibling of the adult adopted or
10 surrendered person unless the birth parent has checked
11 Option E on the Birth Parent Preference Form or has filed a
12 Denial of Information Exchange with the Registry and is not
13 deceased; or

14 (7) any adult adopted birth sibling of an adult adopted
15 or surrendered person; or

16 (8) any adult birth sibling of the birth parent if the
17 birth parent is deceased; or

18 (9) any birth grandparent

19 may petition the court in any county in the State of Illinois
20 for appointment of a confidential intermediary as provided in
21 this Section for the purpose of exchanging medical information
22 with one or more mutually consenting biological relatives,
23 obtaining identifying information about one or more mutually
24 consenting biological relatives, or arranging contact with one
25 or more mutually consenting biological relatives. The
26 petitioner shall be required to accompany his or her petition

1 with proof of registration with the Illinois Adoption Registry
2 and Medical Information Exchange.

3 (b) Petition. Upon petition, the court shall appoint a
4 confidential intermediary. The petition shall indicate if the
5 petitioner wants to do any one or more of the following as to
6 the sought-after relative or relatives: exchange medical
7 information with the biological relative or relatives, obtain
8 identifying information from the biological relative or
9 relatives, or to arrange contact with the biological relative.

10 (c) Order. The order appointing the confidential
11 intermediary shall allow that intermediary to conduct a search
12 for the sought-after relative by accessing those records
13 described in subsection (g) of this Section.

14 (d) Fees and expenses. The court shall not condition the
15 appointment of the confidential intermediary on the payment of
16 the intermediary's fees and expenses in advance of the
17 commencement of the work of the confidential intermediary. No
18 fee shall be charged to any petitioner.

19 (e) Eligibility of intermediary. The court may appoint as
20 confidential intermediary any person certified by the
21 Department of Children and Family Services as qualified to
22 serve as a confidential intermediary. Certification shall be
23 dependent upon the confidential intermediary completing a
24 course of training including, but not limited to, applicable
25 federal and State privacy laws.

26 (f) (Blank).

1 (g) Confidential intermediary access to information.
2 Subject to the limitations of subsection (i) of this Section,
3 the confidential intermediary shall have access to vital
4 records maintained by the Department of Public Health and its
5 local designees for the maintenance of vital records, or a
6 comparable public entity that maintains vital records in
7 another state in accordance with that state's laws, and all
8 records of the court or any adoption agency, public or private,
9 as limited in this Section, which relate to the adoption or the
10 identity and location of an adopted or surrendered person, of
11 an adult child or surviving spouse of a deceased adopted or
12 surrendered person, or of a birth parent, birth sibling, or the
13 sibling of a deceased birth parent. The confidential
14 intermediary shall not have access to any personal health
15 information protected by the Standards for Privacy of
16 Individually Identifiable Health Information adopted by the
17 U.S. Department of Health and Human Services under the Health
18 Insurance Portability and Accountability Act of 1996 unless the
19 confidential intermediary has obtained written consent from
20 the person whose information is being sought by an adult
21 adopted or surrendered person or, if that person is a minor
22 child, that person's parent or guardian. Confidential
23 intermediaries shall be authorized to inspect confidential
24 relinquishment and adoption records. The confidential
25 intermediary shall not be authorized to access medical records,
26 financial records, credit records, banking records, home

1 studies, attorney file records, or other personal records. In
2 cases where a birth parent is being sought, an adoption agency
3 shall inform the confidential intermediary of any statement
4 filed pursuant to Section 18.3, hereinafter referred to as "the
5 18.3 statement", indicating a desire of the surrendering birth
6 parent to have identifying information shared or to not have
7 identifying information shared. Information provided to the
8 confidential intermediary by an adoption agency shall be
9 restricted to the full name, date of birth, place of birth,
10 last known address, last known telephone number of the
11 sought-after relative or, if applicable, of the children or
12 siblings of the sought-after relative, and the 18.3 statement.
13 If the petitioner is an adult adopted or surrendered person or
14 the adoptive parent of a minor and if the petitioner has signed
15 a written authorization to disclose personal medical
16 information, an adoption agency disclosing information to a
17 confidential intermediary shall disclose available medical
18 information about the adopted or surrendered person from birth
19 through adoption.

20 (h) Missing or lost original birth certificate; remedy.
21 Disclosure of information by the confidential intermediary
22 shall be consistent with the public policy and intent of laws
23 granting original birth certificate access as expressed in
24 Section 18.04 of this Act. The confidential intermediary shall
25 comply with the following procedures in disclosing information
26 to the petitioners:

1 (1) If the petitioner is an adult adopted or
2 surrendered person, or the adult child, adult grandchild,
3 or surviving spouse of a deceased adopted or surrendered
4 person, the confidential intermediary shall disclose:

5 (A) identifying information about the birth parent
6 of the adopted person which, in the ordinary course of
7 business, would have been reflected on the original
8 filed certificate of birth, as of the date of birth,
9 only if:

10 (i) the adopted person was born before January
11 1, 1946 and the petitioner has requested a
12 non-certified copy of the adopted person's
13 original birth certificate under Section 18.1 of
14 this Act, and the Illinois Department of Public
15 Health has issued a certification that the
16 original birth certificate was not found, or the
17 petitioner has presented the confidential
18 intermediary with the non-certified copy of the
19 original birth certificate which omits the name of
20 the birth parent;

21 (ii) the adopted person was born after January
22 1, 1946, and the petitioner has requested a
23 non-certified copy of the adopted person's
24 original birth certificate under Section 18.1 of
25 this Act and the Illinois Department of Public
26 Health has issued a certification that the

1 original birth certificate was not found.

2 In providing information pursuant to this
3 subdivision (h)(1)(A), the confidential intermediary
4 shall expressly inform the petitioner in writing that
5 since the identifying information is not from an
6 official original certificate of birth filed pursuant
7 to the Vital Records Act, the confidential
8 intermediary cannot attest to the complete accuracy of
9 the information and the confidential intermediary
10 shall not be liable if the information disclosed is not
11 accurate. Only information from the court files shall
12 be provided to the petitioner in this Section. If the
13 identifying information concerning a birth father is
14 sought by the petitioner, the confidential
15 intermediary shall disclose only the identifying
16 information of the birth father as defined in Section
17 18.06 of this Act;

18 (B) the name of the child welfare agency which had
19 legal custody of the surrendered person or
20 responsibility for placing the surrendered person and
21 any available contact information for such agency;

22 (C) the name of the state in which the surrender
23 occurred or in which the adoption was finalized; and

24 (D) any information for which the sought-after
25 relative has provided his or her consent to disclose
26 under paragraphs (1) through (4) of subsection (i) of

1 this Section.

2 (2) If the petitioner is an adult adopted or
3 surrendered person, or the adoptive parent of an adult
4 adopted or surrendered person under the age of 21, or the
5 adoptive parent of a deceased adopted or surrendered
6 person, the confidential intermediary shall provide, in
7 addition to the information listed in paragraph (1) of this
8 subsection (h):

9 (A) any information which the adoption agency
10 provides pursuant to subsection (i) of this Section
11 pertaining to medical information about the adopted or
12 surrendered person; and

13 (B) any non-identifying information, as defined in
14 Section 18.4 of this Act, that is obtained during the
15 search.

16 (3) If the petitioner is not defined in paragraph (1)
17 or (2) of this subsection, the confidential intermediary
18 shall provide to the petitioner:

19 (A) any information for which the sought-after
20 relative has provided his or her consent under
21 paragraphs (1) through (4) of subsection (i) of this
22 Section;

23 (B) the name of the child welfare agency which had
24 legal custody of the surrendered person or
25 responsibility for placing the surrendered person and
26 any available contact information for such agency; and

1 (C) the name of the state in which the surrender
2 occurred or in which the adoption was finalized.

3 (h-5) Disclosure of information shall be made by the
4 confidential intermediary at any time from the appointment of
5 the confidential intermediary and the court's issuance of an
6 order of dismissal.

7 (i) Duties of confidential intermediary in conducting a
8 search. In conducting a search under this Section, the
9 confidential intermediary shall first determine whether there
10 is a Denial of Information Exchange or a Birth Parent
11 Preference Form with Option E selected or an 18.3 statement
12 referenced in subsection (g) of this Section on file with the
13 Illinois Adoption Registry. If there is a denial, the Birth
14 Parent Preference Form on file with the Registry and the birth
15 parent who completed the form selected Option E, or if there is
16 an 18.3 statement indicating the birth parent's intent not to
17 have identifying information shared and the birth parent did
18 not later file an Information Exchange Authorization with the
19 Registry, the confidential intermediary must discontinue the
20 search unless 5 years or more have elapsed since the execution
21 of the Denial of Information Exchange, Birth Parent Preference
22 Form, or the 18.3 statement. If a birth parent was previously
23 the subject of a search through the State confidential
24 intermediary program, the confidential intermediary shall
25 inform the petitioner of the need to discontinue the search
26 until 10 years or more have elapsed since the initial search

1 was closed. In cases where a birth parent has been the object
2 of 2 searches through the State confidential intermediary
3 program, no subsequent search for the birth parent shall be
4 authorized absent a court order to the contrary.

5 In conducting a search under this Section, the confidential
6 intermediary shall attempt to locate the relative or relatives
7 from whom the petitioner has requested information. If the
8 sought-after relative is deceased or cannot be located after a
9 diligent search, the confidential intermediary may contact
10 other adult relatives of the sought-after relative.

11 The confidential intermediary shall contact a sought-after
12 relative on behalf of the petitioner in a manner that respects
13 the sought-after relative's privacy and shall inform the
14 sought-after relative of the petitioner's request for medical
15 information, identifying information or contact as stated in
16 the petition. Based upon the terms of the petitioner's request,
17 the confidential intermediary shall contact a sought-after
18 relative on behalf of the petitioner and inform the
19 sought-after relative of the following options:

20 (1) The sought-after relative may totally reject one or
21 all of the requests for medical information, identifying
22 information or contact. The sought-after relative shall be
23 informed that they can provide a medical questionnaire to
24 be forwarded to the petitioner without releasing any
25 identifying information. The confidential intermediary
26 shall inform the petitioner of the sought-after relative's

1 decision to reject the sharing of information or contact.

2 (2) The sought-after relative may consent to
3 completing a medical questionnaire only. In this case, the
4 confidential intermediary shall provide the questionnaire
5 and ask the sought-after relative to complete it. The
6 confidential intermediary shall forward the completed
7 questionnaire to the petitioner and inform the petitioner
8 of the sought-after relative's desire to not provide any
9 additional information.

10 (3) The sought-after relative may communicate with the
11 petitioner without having his or her identity disclosed. In
12 this case, the confidential intermediary shall arrange the
13 desired communication in a manner that protects the
14 identity of the sought-after relative. The confidential
15 intermediary shall inform the petitioner of the
16 sought-after relative's decision to communicate but not
17 disclose his or her identity.

18 (4) The sought-after relative may consent to initiate
19 contact with the petitioner. The confidential intermediary
20 shall obtain written consents from both parties that they
21 wish to disclose their identities to each other and to have
22 contact with each other.

23 (j) Oath. The confidential intermediary shall sign an oath
24 of confidentiality substantially as follows: "I,,
25 being duly sworn, on oath depose and say: As a condition of
26 appointment as a confidential intermediary, I affirm that:

1 (1) I will not disclose to the petitioner, directly or
 2 indirectly, any confidential information except in a
 3 manner consistent with the law.

4 (2) I recognize that violation of this oath subjects me
 5 to civil liability and to a potential finding of contempt
 6 of court.

7 SUBSCRIBED AND SWORN to before me, a Notary Public, on (insert
 8 date)
 9"

10 (k) Sanctions.

11 (1) Any confidential intermediary who improperly
 12 discloses confidential information identifying a
 13 sought-after relative shall be liable to the sought-after
 14 relative for damages and may also be found in contempt of
 15 court.

16 (2) Any person who learns a sought-after relative's
 17 identity, directly or indirectly, through the use of
 18 procedures provided in this Section and who improperly
 19 discloses information identifying the sought-after
 20 relative shall be liable to the sought-after relative for
 21 actual damages plus minimum punitive damages of \$10,000.

22 (3) The Department shall fine any confidential
 23 intermediary who improperly discloses confidential
 24 information in violation of item (1) or (2) of this
 25 subsection (k) an amount up to \$2,000 per improper
 26 disclosure. This fine does not affect civil liability under

1 item (2) of this subsection (k). The Department shall
2 deposit all fines and penalties collected under this
3 Section into the Illinois Adoption Registry and Medical
4 Information Fund.

5 (l) Death of person being sought. Notwithstanding any other
6 provision of this Act, if the confidential intermediary
7 discovers that the person being sought has died, he or she
8 shall report this fact to the court, along with a copy of the
9 death certificate. If the sought-after relative is a birth
10 parent, the confidential intermediary shall also forward a copy
11 of the birth parent's death certificate, if available, to the
12 Registry for inclusion in the Registry file.

13 (m) Any confidential information obtained by the
14 confidential intermediary during the course of his or her
15 search shall be kept strictly confidential and shall be used
16 for the purpose of arranging contact between the petitioner and
17 the sought-after birth relative. At the time the case is
18 closed, all identifying information shall be returned to the
19 court for inclusion in the impounded adoption file.

20 (n) (Blank).

21 (o) Except as provided in subsection (k) of this Section,
22 no liability shall accrue to the State, any State agency, any
23 judge, any officer or employee of the court, any certified
24 confidential intermediary, or any agency designated to oversee
25 confidential intermediary services for acts, omissions, or
26 efforts made in good faith within the scope of this Section.

1 (p) An adoption agency that has received a request from a
2 confidential intermediary for the full name, date of birth,
3 last known address, or last known telephone number of a
4 sought-after relative pursuant to subsection (g) of Section
5 18.3a, or for medical information regarding a sought-after
6 relative pursuant to subsection (h) of Section 18.3a, must
7 satisfactorily comply with this court order within a period of
8 45 days. The court shall order the adoption agency to reimburse
9 the petitioner in an amount equal to all payments made by the
10 petitioner to the confidential intermediary, and the adoption
11 agency shall be subject to a civil monetary penalty of \$1,000
12 to be paid to the Department of Children and Family Services.
13 Following the issuance of a court order finding that the
14 adoption agency has not complied with Section 18.3, the
15 adoption agency shall be subject to a monetary penalty of \$500
16 per day for each subsequent day of non-compliance. Proceeds
17 from such fines shall be utilized by the Department of Children
18 and Family Services to subsidize the fees of petitioners as
19 referenced in subsection (d) of this Section.

20 (q) (Blank).

21 Any reimbursements and fines, notwithstanding any
22 reimbursement directly to the petitioner, paid under this
23 subsection are in addition to other remedies a court may
24 otherwise impose by law.

25 The Department of Children and Family Services shall submit
26 reports to the Adoption Registry-Confidential Intermediary

1 Advisory Council by July 1 and January 1 of each year in order
2 to report the penalties assessed and collected under this
3 subsection, the amounts of related deposits into the DCFS
4 Children's Services Fund, and any expenditures from such
5 deposits.

6 (Source: P.A. 97-110, eff. 7-14-11; 97-1063, eff. 1-1-13;
7 98-704, eff. 1-1-15.)